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PATENT  
Attorney Docket No.: CIT1150-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
William J. Dreyer

Application No.: 09/366,458

Filed: August 3, 1999

For: METHOD OF DETERMINING CELL OR  
TISSUE TYPE BY TRANSMEMBRANE  
RECEPTOR IDENTIFIERS

) Group Art Unit: 1643

) Examiner: Unassigned

) CERTIFICATION UNDER 37 CFR § 1.8

) I hereby certify that the documents referred to as enclosed  
) herein are being deposited with the United States Postal  
) Service as first class mail on this date **November 3, 1999**,  
) in an envelope addressed to: Assistant Commissioner for  
) Patents, Washington, D.C. 20231

) Elizabeth Perez  
) (Name of person mailing paper)

) E Perez  
) Signature

) 11/3/99  
) Date

Assistant Commissioner for Patents  
Washington, D.C. 20231  
Attention: Application Processing Division  
Customer Correction Branch

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**TECH CENTER 1600/2900**

Sir:

Transmitted herewith for the above-identified application please find "Request for Correction of Filing Receipt" with attached copy of the original Official Filing Receipt and Change of Attorney Address.

The Commissioner is hereby authorized to charge any fees that may be required by this paper to Deposit Account No. 07-1895. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Lisa A. Haile

Lisa A. Haile, Ph.D.

Registration No. 38,347

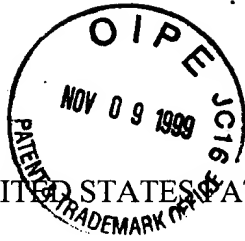
Telephone: (858) 677-1456

Facsimile: (858) 677-1465

Date: 11/3/99

GRAY CARY WARE & FREIDENRICH, LLP  
4365 Executive Drive, Suite 1600  
San Diego, California 92121-2189

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TC 2700 MAIL ROOM



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) (Name of person mailing paper)

) Signature

) Date

Assistant Commissioner of Patents  
Washington, D.C. 20231

ATTN: APPLICATION PROCESSING DIVISION  
CUSTOMER CORRECTION BRANCH

**CORRECTION OF FILING RECEIPT**

Sir:

This Communication is submitted to request correction of the filing receipt in reference to the above-identified application. The data requiring correction is indicated in yellow highlight on the attached copy of the filing receipt and herein in **BOLD**.

Attorney Docket No.

Please delete the "CITI100" and replace with -- CIT 1150-1--.

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William J. Dreyer  
Application No.: 09/366,458  
Filed: August 3, 1999  
Page 2



PATENT  
Attorney Docket No.: CIT1150-1

Applicant accordingly requests the corrections be made of record.

No fee is deemed necessary in connection with the filing of this communication. However, if any fee is required, authorization is hereby given to charge the amount of any such fee to Deposit Account No. 07-1895. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 11/3/99

Lisa A. Haile, Ph.D.  
Registration No. 38,347  
Telephone: (858) 677-1456  
Facsimile: (858) 677-1465

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4365 Executive Drive, Suite 1600  
San Diego, California 92121-2189

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**FILING RECEIPT  
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**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
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Washington, D.C. 20231**

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY-DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/366,458         | 08/03/99    | 1643         | \$0.00        | CIT1150-1           | 2     | 49     | 8      |

**GRAY CARY WARE & FREIDENRICH LLP  
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SUITE 1600  
SAN DIEGO CA 92121-2189**

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s) WILLIAM J. DREYER, PASADENA, CA.**

**CONTINUING DATA AS CLAIMED BY APPLICANT-  
PROVISIONAL APPLICATION NO. 60/095,148 08/03/98**

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/23/99**

**TITLE**

**METHOD OF DETERMINING CELL OR TISSUE TYPE BY TRANSMEMBRANE RECEPTOR IDENTIFIERS**

**PRELIMINARY CLASS: 435**

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**DATA ENTRY BY: SMALLWOOD, EAON**

**TEAM: 08 DATE: 10/06/99**



|                             |                         |              |                        |                                  |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/366,458 | FILING DATE<br>08/03/99 | CLASS<br>435 | GROUP ART UNIT<br>1643 | ATTORNEY DOCKET NO.<br>CIT1150-1 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

WILLIAM J. DREYER, PASADENA, CA.

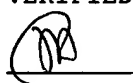
**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/095,148 08/03/98



**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

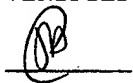
VERIFIED



NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED



NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/23/99 \*\* SMALL ENTITY \*\*

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>49 | INDEPENDENT<br>CLAIMS<br>8 |
| Verified and Acknowledged                                   |  | Examiner's Initials       | Initials               |                       |                            |

ADDRESS

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4365 EXECUTIVE DRIVE  
SUITE 1600  
SAN DIEGO CA 92121-2189

TITLE

METHOD OF DETERMINING CELL OR TISSUE TYPE BY TRANSMEMBRANE RECEPTOR IDENTIFIERS

|                                     |   |   |
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| FILING FEE<br>RECEIVED<br><br>\$901 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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